

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Fresenius Medical Care North America PAC

ADDRESS (number and street)

1501 M Street, N.W.

7th Floor

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00401299

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☒

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

06

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Kathleen Smith

Signature of Treasurer

Electronically Filed by Kathleen Smith

Date

10

19

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2007		9783.53
(b) Cash on Hand at Beginning of Reporting Period	39764.46	
(c) Total Receipts (from Line 19)	13600.00	49625.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53364.46	59408.53
7. Total Disbursements (from Line 31)	20500.00	26544.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32864.46	32864.46
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

Fresenius Medical Care North America PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	6	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	13500.00	48900.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	100.00	725.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	13600.00	49625.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	13600.00	49625.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13600.00	49625.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13600.00	49625.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		20500.00	26500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	44.07
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		20500.00	26544.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		20500.00	26544.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13600.00	49625.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13600.00	49625.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial) Michael Brosnan		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 51 Vose Hill Road		Transaction ID: SA11A1.4504
City Westford	State MA	Zip Code 01886
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Fresenius Medical Care NA	Occupation CFO	Contribution to PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Simon Castellanos		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 2670 S. Youngfield Court		Transaction ID: SA11A1.4506
City Lakewood	State CO	Zip Code 80228
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Fresenius Medical Care NA	Occupation Business Unit President	Contribution to PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Rick Duckworth		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7
Mailing Address 2392 Saddleback Drive		Transaction ID: SA11A1.4513
City Castle Rock	State CO	Zip Code 80104
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Fresenius Medical Care NA	Occupation Business Unit President	Contribution to PAC
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 / 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A.

Full Name (Last, First, Middle Initial)

Terry Gilpin

Mailing Address 1443 Briargrove Way

City State Zip Code
 Oldmar FL 34677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
President, DSD North

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.4508

Amount of Each Receipt this Period

1000.00

Contribution to PAC

B.

Full Name (Last, First, Middle Initial)

Erma Hall

Mailing Address 310 Magnolia Lane

City State Zip Code
 Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
CPA

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 0 1 / 2 0 0 7

Transaction ID: SA11A1.4493

Amount of Each Receipt this Period

250.00

Contribution to PAC

C.

Full Name (Last, First, Middle Initial)

Debbie Harvey

Mailing Address 1602 Hampton Oaks Bend

City State Zip Code
 Marietta GA 30066

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.4511

Amount of Each Receipt this Period

1000.00

Contribution to PAC

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
or each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 12

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial) Brian Lipinski Mailing Address 4308 Castle Rock Court City Irving State TX Zip Code 75038 FEC ID number of contributing federal political committee. C Name of Employer Fresenius Medical Care NA Occupation SBWU President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 1 8 / 2 0 0 7 Transaction ID: SA11A1.4505 Amount of Each Receipt this Period 1000.00 Contribution to PAC
B. Full Name (Last, First, Middle Initial) Donna McCarthy Mailing Address 34 Warren Street City Wellfleet State MA Zip Code 02667 FEC ID number of contributing federal political committee. C Name of Employer Fresenius Medical Care NA Occupation Vice President Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4501 Amount of Each Receipt this Period 500.00 Contribution to PAC
C. Full Name (Last, First, Middle Initial) Edmund McFadden Mailing Address 4320 Sneed Road City Nashville State TN Zip Code 37215 FEC ID number of contributing federal political committee. C Name of Employer Fresenius Medical Care NA Occupation VP of IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y Y 0 6 / 0 1 / 2 0 0 7 Transaction ID: SA11A1.4495 Amount of Each Receipt this Period 250.00 Contribution to PAC

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

A. Full Name (Last, First, Middle Initial)

Michael Parker

Mailing Address 200 Pleasantview Avenue

City State Zip Code
Louisville KY 90206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Regional VP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 7 / 2 0 0 7

Transaction ID: SA11A1.4502

Amount of Each Receipt this Period

500.00

Contribution to PAC

B. Full Name (Last, First, Middle Initial)

Kim Sonnen

Mailing Address 240 S. Madison Street

City State Zip Code
Denver CO 80209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fresenius Medical Care NA

Occupation
Senior VP of Contracting

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 7

Transaction ID: SA11A1.4509

Amount of Each Receipt this Period

1000.00

Contribution to PAC

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

13500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. BAUCUS JOHNSON VICTORY FUND

Mailing Address 818 CONNECTICUT AVENUE NW STE 1100

City
WASHINGTON

State
DC

Zip Code
20006

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
MAX BAUCUS

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: SB23.4523

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS 2008

Mailing Address 5915 EASTMAN AVE. SUITE 100
5915 EASTMAN AVE. SUITE 100

City
MIDLAND

State
MI

Zip Code
48640

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
DAVID LEE CAMP

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: SB23.4532

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City
Fargo

State
ND

Zip Code
58106

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
EARL RALPH POMEROY

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: SB23.4526

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 12

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. FINEGOLD COMMITTEE

Mailing Address 26 Essex Street

City
Andover

State
MA

Zip Code
01810

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
BARRY R FINEGOLD

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 05

Transaction ID: SB23.4529

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KIDNEY CARE PARTNERS POLITICAL ACTION COMMITTEE (KCP PA-C)

Mailing Address 13948 MARBLESTONE DRIVE
C/O SUSAN MURDOCK

City
CLINTON

State
VA

Zip Code
20124

Purpose of Disbursement
Contribution to PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.4517

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. RICHARD E NEAL FOR CONGRESS COMMITTEE

Mailing Address 76 MAGNOLIA TERRACE

City
SPRINGFIELD

State
MA

Zip Code
01108

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
RICHARD E MR. NEAL

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: SB23.4535

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fresenius Medical Care North America PAC

Full Name (Last, First, Middle Initial)

A. SALAZAR FOR SENATE

Mailing Address PO BOX 600

City
DENVER

State
CO

Zip Code
80201

Purpose of Disbursement
Contribution to Candidate PAC

Candidate Name
KEN SALAZAR

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 00

Transaction ID: SB23.4520

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

20500.00